Title

In reply.

Journal

Annals of emergency medicine, 74(6)

ISSN

0196-0644

Authors

Coates, Wendy C
Yarris, Lalena M
Clarke, Samuel O
et al.

Publication Date

2019-12-01

DOI

10.1016/j.annemergmed.2019.07.002

Peer reviewed

uncomplicated cellulitis: a randomized clinical trial. *JAMA*. 2017;317:2088-2096.
8. Talan DA, Saltzman DJ, Mower WR, et al. Antibiotics-first vs surgery for appendicitis: a US pilot randomized controlled trial allowing outpatient antibiotic management. *Ann Emerg Med*. 2017;70:1-11.

In reply:

In his Letter to the Editor,[1] Dr. Talan echoed the most prevalent themes we identified during our interviews with research pioneers in emergency medicine.[2] To establish the now-recognized field of emergency care research, the pioneers we interviewed recounted similar frustrations of gaining respect for their research, in which emergency care intersected with more established disciplines and their funding agencies. Two examples that were new to our pioneers decades ago are traumatic brain injury research and cardiovascular diseases research, both of which have a high prevalence of patients in emergency medicine and were noted by Dr. Talan to be common topics in the June 2019 issue of *Annals*.

We reported that the pioneers took a systematic approach to improve their scientific skills through formal training programs (degrees or postresidency fellowships), and many partnered with successful non–emergency medicine research mentors, who brought them up to speed in their methodology and facilitated their assimilation into the larger scientific research community, including the opportunity to interact with funding agencies at the federal level. As a specialty, emergency medicine's organizations (Society for Academic Emergency Medicine and American College of Emergency Physicians) supported the mission by building an infrastructure of training and networking and provided seed funding to fledgling researchers. We can see today that these were effective strategies and propose that for nascent areas of research in emergency medicine, researchers can adopt similar strategies to streamline success.

We chose one newer research area in emergency medicine (medical education) to serve as an example for the pioneers to consider. Their advice, however, is relevant to any emerging research area and to new researchers in established disciplines. Emerging researchers should find appropriate mentors within and external to emergency medicine to guide them toward mastery of their subject matter and the appropriate methodology needed to study it. Emergency medicine organizations should continue to facilitate networking so that new researchers can find their community and engage in self-advocacy. Appropriate seed funding is beneficial for career development and to create a critical mass of experts within a given subspecialty research field. It is likely that we are not yet even aware of future important research areas in our specialty, much the same as currently popular fields, such as simulation and ultrasonography, were not prevalent 25 to 30 years ago when our pioneers were novices. Forging the way for a new type of research is hard. There are common barriers and cornerstones to success that the pioneers identified. We agree with Dr. Talan's overall message that any research that has implications for emergency medicine and the practicing physicians and trainees of the specialty should be valued, fostered, and supported.

Wendy C. Coates, MD
Department of Emergency Medicine
Los Angeles County Harbor-UCLA Medical Center
Torrance, CA
David Geffen School of Medicine at UCLA
Los Angeles, CA

Lalena M. Yarris, MD, MCR
Department of Emergency Medicine
Oregon Health & Science University
Portland, OR

Samuel O. Clarke, MD, MAS
Department of Emergency Medicine
University of California
Davis School of Medicine
Sacramento, CA

Daniel P. Runde, MD, MME
Emilie Fowlkes, MD
University of Iowa Hospitals and Clinics
Iowa City, IA

Jacqueline Kurth, MD
Department of Emergency Medicine
UCLA Ronald Reagan/Olive View
Los Angeles, CA

Jaime Jordan, MD
David Geffen School of Medicine at UCLA
Los Angeles, CA
Department of Emergency Medicine
UCLA Ronald Reagan/Olive View
Los Angeles, CA

https://doi.org/10.1016/j.annemergmed.2019.07.002

Funding and support: By *Annals* policy, all authors are required to disclose any and all commercial, financial, and other relationships in any way related to the subject of this article as per ICMJE conflict of interest guidelines (see www.icmje.org). The authors have stated that no such relationships exist.

1. Talan DA. What we consider emergency medicine research and promoting success of aspiring researchers of new areas. *Ann Emerg Med*. 2019;74:824-826.
2. Coates WC, Yarris LM, Clarke SO, et al. Research pioneers in emergency medicine—reflections on their paths to success and advice to aspiring researchers: a qualitative study. *Ann Emerg Med*. 2019;73:555-564.

IMAGES IN EMERGENCY MEDICINE

(continued from p. 818)

DIAGNOSIS:

Impacted and comminuted intra-articular fracture of the distal femur. Noncontrast CT revealed an impacted fracture of the lateral femoral condyle (Figure 2, arrow), oriented in a coronal plane through the posterior left lateral femoral condyle and extending to the articular surface, with a large hemarthrosis.

Distal femur fractures occur most often in young athletes with sports injuries and elderly patients after a fall.[1] Such fractures in an otherwise healthy 34-year-old patient are relatively rare. Osteochondral fractures, particularly of the weight-bearing knee joints, almost always require timely surgical intervention and rehabilitation[2] because they are prone to poor healing and development of disabling osteoarthritis. Hemarthrosis on a radiograph of the knee can be a sign of occult knee fracture. In studies of patients with knee hemarthrosis, the incidence of articular cartilage lesions identified on arthroscopy has been found to be up to 20%.[3,4]

The patient was admitted for same-day open reduction and internal fixation with the orthopedic surgery team. Three months after surgery, he was weight bearing and doing well.

Author affiliations: From the Department of Emergency Medicine, University of Maryland School of Medicine, Baltimore, MD (Dubbs, Tewelde); and the Department of Emergency Medicine, University of Maryland Medical Center, Baltimore, MD (Richardson, Blosser).

REFERENCES

1. Hoskins W, Bingham R, Griffin XL. Distal femur fractures in adults. *Orthop Trauma*. 2017;31:93-101.
2. von Keudell A, Shoji K, Nasr M, et al. Treatment options for distal femur fractures. *J Orthop Trauma*. 2016;30:S25-S27.
3. Maffulli N, Binfield PM, King JB, et al. Acute haemarthrosis of the knee in athletes. A prospective study of 106 cases. *J Bone Joint Surg Br*. 1993;75:945-949.
4. Noyes FR, Bassett RW, Grood ES, et al. Arthroscopy in acute traumatic hemarthrosis of the knee. Incidence of anterior cruciate tears and other injuries. *J Bone Joint Surg Am*. 1980;62:687-695, 757.